CLK0AUS222 2303

Your Centrelink Reference Number:

Date of issue

RETURN DATE:

Phone number

Return address

Services Australia
International Services
Reply Paid 7809
CANBERRA BC ACT 2610

Returning your form
Please fold the form and place it in the reply paid envelope.

fold here

Australian Government
Services Australia

centrelink

Medical Report

Disability Support Pension
Review for portability

Information for the customer and the doctor

This Medical Report has been issued by Services Australia so we can gather additional medical information.

The Medical Report must be fully completed by you and a treating doctor or specialist. This information will help us in determining:

- income support eligibility
- if the customer is eligible to receive payments indefinitely while outside Australia
- if the customer may benefit from a program of support, for example, rehabilitation or training
- if the customer is eligible to enter the Supported Wage System.

Instructions for the customer

It is important that you take the time to read all of this information. Your details are updated regularly to make sure your payment is correct and to identify any help we can give you.

1 **Section A** **To be completed by you**
Section B **To be completed by doctor**

2 **Make an appointment with the doctor or specialist**
Please read the instructions at the front of Section B before making the appointment.

3 **Fill in the details about you in Section A**
If you need help filling in the form or getting a report from your doctor, call us on **132 717**.

To speak to us in languages other than English, call **131 202**.

If you have a hearing or speech impairment call our **TTY service** Freecall™ **1800 810 586**. A TTY phone is required to use this service.

4 **Return Section A to us**
Return it to us in one of the enclosed reply paid envelopes **as soon as possible**. Include a copy of any reports relevant to your medical condition that you have not given to us before.

5 **Give Section B to the doctor with the other reply paid envelope**

6 **If the doctor gives this report back to you**
Return it to us **as soon as possible** in the other reply paid envelope. Otherwise, ask the doctor to send it back to us in the reply paid envelope.

Your doctor will not be able to submit this report to us through a secure online facility.

IMPORTANT

This request is a notice given under section 63 of the *Social Security (Administration) Act 1999*. This means that both Section A and Section B must be returned to us before the return date shown at the top of this form. If both sections are not returned within this time, your payment may be stopped under section 80 of the *Social Security (Administration) Act 1999*.

This page has been left blank intentionally.

Australian Government
Services Australia

centrelink

Medical Report
Disability Support Pension Review

Section A
You

Please use black or blue pen.

1 Do you need an interpreter when dealing with us?
This includes an interpreter for people who have a hearing or speech impairment.

No ☐ ***Go to 4***
Yes ☐ *Go to next question*

2 What is your preferred spoken language?

3 What is your preferred written language?

4 List any disabilities, illnesses or injuries you have

5 Give details about the current treatment for your disabilities, illnesses or injuries (e.g. medication, physical therapy, counselling, etc.)

6 Are you expecting to have an operation in the near future?

No ☐ *Go to next question*
Yes ☐ Expected date
/ /

7 Are there any doctors (apart from the doctor completing the Medical Report), specialists or other professionals who could tell us about your disabilities, illnesses or injuries (e.g. counsellor, social worker, Employment Services Provider, psychologist, community health worker, physiotherapist, rehabilitation provider)?

No ☐ *Go to next question*
Yes ☐
Name
Profession
Address
Postcode
Phone number ( )

If you have more than one professional to list, attach a separate sheet with details.
Attach any professional's reports you have that are relevant to your claim.

8 Are you currently employed?

No ☐
Yes ☐ *Go to next question*

9 Are you interested in referral to services or programs to help you find work?

No ☐ Yes ☐ *Go to next question*

The Australian Government provides a wide range of services to help people get ready for work, to find a job and stay in employment.

These services provide specialised help for people with a disability, injury or health condition.

People receiving Disability Support Pension do not have to pay for these services and participation in a program does not effect pension payments.

If you are offered help from one of these services, you can choose whether you wish to accept. If you start in a program, you will be encouraged and supported to keep going, but you can stop taking part at any time.

10 Did someone else help you fill in this form?

No ☐ *Go to next question*

Yes ☐ Why did you need help to complete the form?

11 Do you want to authorise another person or organisation to make enquiries, get Centrelink payments and/or act on your behalf?

No ☐ *Go to next question*

Yes ☐

You will need to complete and attach an **Authorising a person or organisation to enquire or act on your behalf (SS313)** form.

If you do not have this form or want more information about nominee arrangements, go to **servicesaustralia.gov.au/nominees** or call us on **132 717.**

12 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacy**

13 Statement

I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- this information is used to determine my eligibility for income support payment and may be used to determine my suitability for employment assistance, rehabilitation, training and participating in other support activities.
- giving false or misleading information is a serious offence.
- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.

Your signature

Date / /

CLK0AUS222 2303

Your Reference Number:

Date of issue

RETURN DATE:

Phone number

Return address

Services Australia
International Services
Reply Paid 7809
CANBERRA BC ACT 2610

Returning your form
Please fold the form and place it in the reply paid envelope.

fold here

Australian Government
Services Australia

centrelink

Medical Report
Disability Support Pension
Review for portability

Section B
Doctor

Instructions for the customer

1. **Fill in Section A and return it to us in one of the reply paid envelopes.**
2. **Contact your doctor or specialist and make an appointment to have the Medical Report Section B completed.**
   Make sure the doctor and their receptionist know that you will need this report completed, as a long consultation may be required. If your doctor does not bulk bill, your consultation fee may be more than usual because of the extra time taken to complete the report.
3. **Attend the appointment with your doctor or medical specialist.**
4. **Give Section B of this report, and a reply paid envelope, to the doctor to complete.**
   Your doctor will not be able to submit this report to us through a secure online facility.

Information for the doctor

This information will help us in determining:

- income support eligibility
- if the customer is eligible to receive payments indefinitely while outside Australia
- if the customer may benefit from a program of assistance or training
- if the customer is eligible to enter the Supported Wage System.

Completing this report
In this report you will be asked to provide information about your patient's medical condition(s). Please complete all the required questions in this report.

If you need more information in order to complete the Medical Report call us on **132 150.**

Returning this report
You can give this report and any attachments to your patient or you can return it/them to us in the reply paid envelope issued to the customer with this form. Alternatively, post this form to

Services Australia, International Services, Reply Paid 7809, CANBERRA BC ACT 2610.

Reimbursement for Services
We have asked your patient to let you (and your receptionist) know at the time of making their appointment that they require you to complete this report. This is to make sure that you have sufficient time for the examination and completion of the report. The time taken to complete this report counts towards the length of the consultation. You can claim it as a long consultation.

For information about confidentiality and disclosure of information
See questions 9 and 12.

Thank you for your assistance.

Please use black or blue pen.

1 **This person has been:** my patient since / /

a patient at this practice since / /

2 **Does the patient have a medical condition that may significantly reduce their life expectancy?**

No ☐ ▶ ***You do not need to complete question 3. Go to 4***

Yes ☐ ▶ Diagnosis

▶ *Go to next question*

3 **Is the average life expectancy of a person with this condition shorter than 24 months?**

No ☐ ▶ *Go to next question*

Yes ☐ ▶ ***You do not need to complete questions 4 to 8. Go to 9***

4 **Does the patient have one or more medical conditions that have a SIGNIFICANT IMPACT on their ability to function (e.g. endurance, walking, sitting, standing, performing daily activities, handling and manipulating objects, bending, self-care, concentration, attention, communication, hearing, vision, continence, consciousness)?**

No ☐ ▶ ***You do not need to complete question 5. Go to 6***

Yes ☐ ▶ *Go to next question*

5 **Give details about the conditions that have a SIGNIFICANT IMPACT on the patient's ability to function.**

List conditions in order of degree of impact on ability to function, starting with the condition with most impact.

▶ ***Go to the next page*** to give details for Condition 1

Condition 1—*condition with most impact*

Diagnosis

A Diagnosis

Date of onset (if known) / /

The diagnosis is:

Presumptive ☐ Are further investigations/tests planned to confirm the diagnosis?

No ☐

Yes ☐

Confirmed ☐ Is the diagnosis supported by **further** specialist opinion?

No ☐

Yes ☐ Give details below

Psychiatrist/ Registered Psychologist ☐ Name

Audiologist/Ear, Nose and Throat specialist ☐ Name

Ophthalmologist ☐ Name

Other ☐ Name and specialty

Are the relevant specialist reports available?

No ☐

Yes ☐ Attached ☐

Will provide on request ☐

Date of diagnosis / /

Treatment

B Current treatment

Provide details of all current treatment for this condition (e.g. hospitalisation, surgery, medication and dosage, counselling, physical therapy, rehabilitation, frequency of treatment)

Treatment	Date commenced
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

Condition 1—*continued*

Treatment—continued

C Past treatment

Provide details of past treatment for this condition (e.g. hospitalisation, surgery, medication and dosage, counselling, physical therapy, rehabilitation, frequency of treatment)

Treatment type	Date commenced	Duration of treatment
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

D Specialist consultation

Have you or another doctor from your practice previously referred this patient to a specialist?

No ☐

Yes ☐ Give details below

Name	Specialty	Date of consultation
		/ /
		/ /
		/ /
		/ /

E Future/planned treatment

Provide details of any further scheduled or proposed treatment with estimates of likely dates of commencement and expected duration.

F Patient's compliance with recommended treatment

Very compliant ☐ Usually compliant ☐ Rarely compliant ☐ Uncertain ☐

Detail any issues related to accessing or undertaking suitable treatment that affect the level of compliance.

Clinical features

G Current symptoms

Describe current symptoms. Be specific and include severity, frequency and duration.

Note: Symptoms are those persisting **despite** treatment, aids, equipment or assistive technology.

Condition 1 — *continued*

Clinical features — continued

H History

Provide details of underlying causes and contributing factors, results and dates of investigations/procedures and specialist consultations (e.g. radiology, pathology, RFTs, specialist reports).

Impact on ability to function

i Details about how this condition and its treatment currently impact on the patient's ability to function

Be specific and consider the impacts on:

- endurance
- movement/dexterity (e.g. walking, bending, sitting, standing, lifting/carrying/manipulating objects)
- neurological/cognitive function (e.g. concentrating, decision making, memory, problem solving)
- functions of consciousness (details of involuntary loss of consciousness or altered consciousness (e.g. seizures, migraines))
- behaviour, planning, interpersonal relationships
- sensory function (e.g. seeing, hearing, speaking)
- digestive, reproductive, continence function
- need for care (e.g. support in daily living, support accommodation or nursing home/hospital care).

J The current impact of this condition on the patient's ability to function is expected to persist for:

Less than 3 months ☐
3–24 months ☐ ***Go to K***

2–5 years ☐
More than 5 years ☐ ***Go to L***

K Within the next 2 years the effect of this condition on the patient's ability to function is expected to:

Resolve ☐ Significantly improve ☐ Slightly improve ☐ Fluctuate ☐
Remain unchanged ☐ Deteriorate ☐ Uncertain ☐

L Within the next 5 years the effect of this condition on the patient's ability to function is expected to:

Improve ☐ Remain unchanged ☐ Deteriorate ☐

Provide details

For a second condition that has a significant impact on ability to function, go to Condition 2, on the next page.

If there are no other conditions that have a significant impact on ability to function, go to question 6 on page 9.

Condition 2

Diagnosis

A Diagnosis

Date of onset (if known) / /

The diagnosis is:

Presumptive ☐ Are further investigations/tests planned to confirm the diagnosis?

No ☐

Yes ☐

Confirmed ☐ Is the diagnosis supported by **further** specialist opinion?

No ☐

Yes ☐ Give details below

Psychiatrist/ Registered Psychologist ☐ Name

Audiologist/Ear, Nose and Throat specialist ☐ Name

Ophthalmologist ☐ Name

Other ☐ Name and specialty

Are the relevant specialist reports available?

No ☐

Yes ☐ Attached ☐

Will provide on request ☐

Date of diagnosis / /

Treatment

B Current treatment

Provide details of all current treatment for this condition (e.g. hospitalisation, surgery, medication and dosage, counselling, physical therapy, rehabilitation, frequency of treatment)

Treatment	Date commenced
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

Condition 2—*continued*

Treatment—continued

C Past treatment

Provide details of past treatment for this condition (e.g. hospitalisation, surgery, medication and dosage, counselling, physical therapy, rehabilitation, frequency of treatment)

Treatment type	Date commenced	Duration of treatment
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

D Specialist consultation

Have you or another doctor from your practice previously referred this patient to a specialist?

No ☐

Yes ☐ Give details below

Name	Specialty	Date of consultation
		/ /
		/ /
		/ /
		/ /

E Future/planned treatment

Provide details of any further scheduled or proposed treatment with estimates of likely dates of commencement and expected duration.

F Patient's compliance with recommended treatment

Very compliant ☐ Usually compliant ☐ Rarely compliant ☐ Uncertain ☐

Detail any issues related to accessing or undertaking suitable treatment that affect the level of compliance.

Clinical features

G Current symptoms

Describe current symptoms. Be specific and include severity, frequency and duration.

Note: Symptoms are those persisting **despite** treatment, aids, equipment or assistive technology.

Condition 2—*continued*

Clinical features—continued

H History

Provide details of underlying causes and contributing factors, results and dates of investigations/procedures and specialist consultations (e.g. radiology, pathology, RFTs, specialist reports).

Impact on ability to function

i Details about how this condition and its treatment currently impact on the patient's ability to function

Be specific and consider the impacts on:

- endurance
- movement/dexterity (e.g. walking, bending, sitting, standing, lifting/carrying/manipulating objects)
- neurological/cognitive function (e.g. concentrating, decision making, memory, problem solving)
- functions of consciousness (details of involuntary loss of consciousness or altered consciousness (e.g. seizures, migraines))
- behaviour, planning, interpersonal relationships
- sensory function (e.g. seeing, hearing, speaking)
- digestive, reproductive, continence function
- need for care (e.g. support in daily living, support accommodation or nursing home/hospital care).

J The current impact of this condition on the patient's ability to function is expected to persist for:

Less than 3 months ☐
3–24 months ☐ ***Go to K***

2–5 years ☐
More than 5 years ☐ ***Go to L***

K Within the next 2 years the effect of this condition on the patient's ability to function is expected to:

Resolve ☐ Significantly improve ☐ Slightly improve ☐ Fluctuate ☐
Remain unchanged ☐ Deteriorate ☐ Uncertain ☐

L Within the next 5 years the effect of this condition on the patient's ability to function is expected to:

Improve ☐ Remain unchanged ☐ Deteriorate ☐

Provide details

If there are more than 2 conditions that have a **significant impact** on ability to function, attach a separate sheet with details.

6 Does the patient have any other medical conditions that are generally well managed and that cause minimal or limited impact on ability to function?

No ☐ *Go to next question*

Yes ☐ Give details below

7 Is there any other information that you would like to provide?

No ☐ *Go to next question*

Yes ☐ Give details below

8 Do you wish to provide medical certificate details on this report?

No ☐ *Go to next question*

Yes ☐ **Certification**

I examined this person on / /

In my opinion this person is temporarily unfit for work or study

from / / to / /

In my opinion this person can ☐ cannot ☐ currently do their usual work or study or any other work for 8 hours or more per week.

9 Release of medical information

The *Freedom of Information Act 1982* allows for the disclosure of medical or psychiatric information directly to the individual concerned. If there is any information in your report which, if released to your patient, may harm his or her physical or mental well-being, please identify it and briefly state below why you believe it should not be released directly to the patient. Similarly, please specify any other special circumstances which should be taken into account when deciding on the release of your report.

Is there any information in this report which, if released to the patient, might be prejudicial to his/her physical or mental health?

No ☐ *Go to next question*

Yes ☐ Identify the information and state why it should not be released directly to the patient.

Once completed, please return this report directly using the reply paid envelope provided or by post to Services Australia, International Services, Reply Paid 7809, CANBERRA BC ACT 2610.

10 Would you like to discuss any aspects of this report with us?

No ☐

Yes ☐ Int

Continued

11 If someone from Services Australia, or another assessor nominated by us, needs to contact you to discuss any aspects of this report, what days/times suit you?

Day	Time			
	: am pm	to	: am pm	
	: am pm	to	: am pm	

12 Confidentiality of Information

The personal information that is provided to you for the purpose of this report must be kept confidential under section 202 of the *Social Security (Administration) Act 1999*. It cannot be disclosed to anyone else unless authorised by law. There are penalties for offences against section 202 of the *Social Security (Administration) Act 1999*.

13 IMPORTANT INFORMATION FOR THE DOCTOR OR MEDICAL SPECIALIST

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacy**

14 Details of doctor completing this report

Please print in BLOCK LETTERS or use a stamp.

Name	
Professional qualifications	
Address	Postcode
Phone number	( )
Signature	
Date	/ /
Stamp (if applicable)	

Returning this report

You can give this report and any attachments to your patient or you can return this report directly to us.

However, if you answered 'Yes' at question 9, please make sure to return this report directly to us using the reply paid envelope provided or by post to:

Services Australia
International Services
Reply Paid 7809
CANBERRA BC ACT 2610.

s22 - Irrelevant material

Australian Government

Services Australia

Assessment for Disability Support Pension (DSP) customers going overseas under the no future work capacity provisions 008-03120040

Currently published version valid from 2/08/2024 11:28 PM

Background

s22 - Irrelevant material

This document outlines the procedure to determine if a DSP customer travelling overseas satisfies the 'no future work capacity' portability provisions for continuing payment.

Role of Centrelink International Services (CIS)

Customers who want to test their eligibility under the 'No future work capacity' (NWC) portability provisions, must be referred to CIS. CIS will issue medical forms (if required) and refer the customer for a long-term overseas travel assessment.

CIS Service Officers determine if a DSP customer should be transferred to International Disability Officers (IDOs) for a long-term overseas travel assessment.

No future work capacity provisions

DSP is generally paid for up to 4 weeks in a rolling 12 month period if a customer is travelling overseas temporarily. Generally if a customer is leaving Australia to live in another country, DSP will cease immediately on departure. If they are subject to former resident provisions, DSP will cease on departure unless they meet the rules for, and can be paid under, an international social security agreement.

However if a customer satisfies the 'No future work capacity' portability provisions, their DSP may continue indefinitely, even if they leave to live in another country. This provision does not apply to former residents until they have been in Australia for 2 years from the date of resumed residence. The NWC assessment will usually require completion of a medical review, which will include a:

- medical report by the customer's treating doctor, and
- Job Capacity Assessment (JCA) that must be conducted **before** the customer departs Australia

As the assessment must be made before the customer leaves Australia, it is necessary to arrange both the issuing of the medical report forms and booking of a JCA appointment quickly. Tell the customer that the assessment must be conducted before their departure overseas if they want DSP to be payable under the NWC portability provisions.

The customer must also be made aware that as a result of the medical assessment they may no longer be considered to satisfy the medical qualifications for DSP, which will result in the cancellation of their DSP. For this reason, the customer may decline to have the medical assessment. In this case their portability options will be limited. When the 47E(d) is run, a warning about possible DSP cancellation is generated. An assessment under the NWC provisions is entirely voluntary.

New medical report may be required

For a NWC assessment, a new medical report is required even if the customer has an existing current and valid assessment of their work capacity report, unless that report was specifically for portability purposes.

The Medical Report Disability Support Pension Review for portability (AUS222) form:

- contains extra portability questions

- must be completed by the customer's treating doctor in Australia, and
- returned before the customer attends their Job Capacity Assessment (JCA)

CIS will issue the AUS222 when a request is received.

JCA referral may be required

Only CIS staff can make a JCA referral for a customer under the NWC provisions. Do not request a JCA for these customers using another referral reason. The portability specific referrals have different questions to a medical review JCA which address the customer's long term prognosis of impairments and work capacity. If the report is completed for the incorrect reason, it cannot be used for portability and customers can be disadvantaged.

For a NWC assessment, a JCA referral is still required, even if the customer has an existing current and valid assessment of their work capacity, unless the assessment was specifically for portability purposes.

Do not refer the customer for a NWC JCA if they previously had a portability NWC assessment and met the requirements for indefinite portability.

If there is a current and valid assessment of the customer's work capacity and the customer has previously had a portability NWC assessment and has **not** met the requirements for indefinite portability, a new referral for a JCA is not required unless the customer has had a substantial change in circumstances. 47E(d)

The customer may choose to assess their eligibility again under the NWC provisions but must be made aware of the possibility of cancellation of their DSP.

Pre-referral information gathering and checking

As the customer needs to have a JCA appointment before leaving Australia, skilled CIS staff must book an appointment as soon as possible. Scan and attach any additional documentation received from the customer to their record. Any other medical information that becomes available after the JCA referral has been started, needs to be scanned and attached to the customer's record as soon as possible.

Historical information may also need to be scanned 47E(d)

Manifest DSP Customers

A person who is manifestly qualified for Disability Support Pension (DSP) generally qualifies automatically for indefinite portability under the NWC provisions.

However, the manifest medical assessment **is not** a portability assessment.

A **decision** that the customer is eligible for indefinite portability must be made **before** the customer departs Australia. In order to make this decision, the customer must have contacted Services Australia **before** leaving Australia.

A manifest DSP customer:

- who has not been previously **assessed** for indefinite portability under NWC provisions, and
- did not contact Services Australia before the departure
- will only have access to general DSP portability and their payment will generally suspend after they have used 28 days in a rolling 12 month period

If the customer contacts **after** they have departed, and did not contact before departure, they cannot be retrospectively approved for indefinite portability for that departure.

Note: the NWC decision for a manifest customer only needs to be made once. When the decision is made the first time, the coding will be done on the 47E(d) screen and will apply to future departures.

The Resources page contains links to:

- mySupport
- the Records Management service request form
- taking and sending PBS medicines overseas, and
- DSP portability-specific assessment guidelines

Related links

Scanning Centrelink medical/sensitive documents using an MFD

Actioning automatic activities of a current Job Capacity Assessment (JCA) referral

Job Capacity Assessment (JCA) and Employment Services Assessment (ESAt) appointments

Disability Support Pension (DSP) customer going overseas

Former resident provisions

Portability of payments paid under International Agreements

Travelling with or sending medicines overseas

Process

This document outlines the procedure to determine if a DSP customer travelling overseas satisfies the 'no future work capacity' portability provisions for continuing payment.

On this page:

Administrative requirements for NWC assessments

Issue forms for NWC assessment

Returned forms for NWC assessment

Check report and finalise portability decision

Administrative requirements for NWC assessments

Table 1: For Centrelink International Services (CIS) staff only.

Step	Action
1	**Customer contacts** + Read more ... A customer contacts to test their eligibility under the NWC provisions. If you do not have the customer on the phone you will need to contact them after the following eligibility checks. **Note**: in **all** cases, the 47E(d) **must** be used. To receive indefinite portability under the NWC provisions, a customer must have 'No future work capacity'. If they are working and reporting employment income it is possible that they will not meet the NWC provisions. They may also not be entitled to DSP. See Commencing or returning to work or self-employment Disability Support Pension (DSP). If the customer is legally blind, earnings is not a factor. See Income and assets tests for blind customers. Complete checks before issuing forms, go to Step 2.

2	**Check if the customer is a former resident** + Read more ...
	
	A former resident has no portability for 24 months from the date of returning to reside in Australia. A NWC assessment will not override this. The customer can undergo a NWC assessment while they are still a former resident, however any NWC decision would only apply for departures after the former resident provision has expired.
	
	On the 47E(d) screen, check the 47E(d) field.
	
	Is the customer a former resident?
	
	• **Yes**, and are:
	  ◦ leaving within 3 months of former residence ending, go to Step 3
	  ◦ going to an agreement country that covers DSP, go to Step 9

	○ not going to an agreement country or leaving within 3 months of former residence ending. Customer is not payable overseas, finalise script and annotate the 47E(d) **DOC** with the reason the customer is not payable. Procedure ends here • **No**, go to Step 3
3	**Check if customer has already met NWC provisions** + Read more ... Customers who have already had a portability assessment and met the provisions of indefinite portability under the NWC rules do not need a new assessment. The assessment is valid for all future travel while DSP is current. Check the following screens: • 47E(d) screen > 47E(d) field. If **NWC**: ○ 47E(d) screen > 47E(d) field, key 47E(if payable indefinitely and needing proportional savings ○ is not coded, go to Step 4 • 47E(d) screen, check where the Continuing Inability To Work (CITW) occurred as this affects rate of payment. If CITW occurred: ○ in Australia, proportional savings apply. Remove 47E(d) from the 47E(d) screen ○ outside Australia, check 47E(d) screen and update 47E(d) screen with current 47E(d) from date of departure from Australia ○ refer to the 47E(d) **DOC**, 47E(d) **DOC** and 47E(d) coding for more confirmation Finalise the 47E(d) including: • issuing script generated XOB101 letter, and • **DOC** outcome Procedure ends here.
4	**Check if the customer is manifestly medically eligible for DSP** + Read more ... If the customer has been granted DSP by meeting one of the current manifest eligibility conditions, they do not need to undergo an NWC JCA assessment as they automatically meet the requirements. There must be a valid code on the 47E(d) screen. If the customer has one of the following codes in the 47E(d) field on the 47E(d) screen, a JCA is not required: 47E(d) If '47E(d) is recorded for a customer who is **DSP/DSB (Blind),** a NWC assessment is not necessary, however for indefinite portability a SA013 form is required. Send a SA013 form to be completed and returned for assessment. Procedure ends here. If the 47E(d) field displays a discontinued manifest code 47E(d) or 47E(d) a NWC assessment **is** required. Go to Step 8. If the customer: • **has** a current 47E(d) on the 47E(d) screen, go to Step 5 • **does not** have a 47E(d) on 47E(d) screen, go to Step 8
5	**Customer is manifestly eligible for DSP** + Read more ... A decision that the customer is eligible for indefinite portability must be made **before** the customer departs Australia. If the customer contacts after they have departed, and did not contact before departure, they cannot be retrospectively approved for indefinite portability for that departure. Is the customer advising of a future departure?

	• **Yes**, run the 47E(d) . This will code NWC on the 47E(d) screen. The customer is entitled to indefinite portability. Procedure ends here • **No**, go to Step 6
6	**Determine if the manifest customer has contacted prior to departure** + Read more ... A NWC portability assessment is considered to have occurred (and the customer is eligible for indefinite portability) if either of the following happens **before** departure: • the 47E(d) is run, or • the customer advises of the departure (normally done online through the Travel Outside Australia Online Service) **Note:** currently the Travel Outside Australia Online Service is not advising manifest DSP customers to contact CIS. This means the NWC coding may not have occurred. If departure details were given through the online service and payment has suspended, staff must code the NWC details and restore payment. Did the customer advise of their departure **before** the departure? • **Yes**, code NWC on the 47E(d) screen from the date the customer departed Australia. The customer is entitled to indefinite portability. Procedure ends here • **No**, go to Step 7
7	**Manifest customer contacts after departure** + Read more ... If a customer only contacts the agency **after** they have departed Australia (including when they have returned to Australia), tell them they: • are not eligible for indefinite portability for that departure • need to contact before their next departure in order for staff to assess them for indefinite portability Staff **must**: • run the 47E(d) with the historical departure details. Do not issue the XOB101 pre-departure letter. **Note:** when the 47E(d) is run **after** a customer has left Australia, it will still state the customer is eligible for indefinite portability. This advice may not be correct in this instance. 47E(d) • delete the NWC coding on the 47E(d) screen within the activity before finalising the script • annotate the s47E(d) **DOC** to state: 47E(d) . 47E(d) If payment is cancelled the customer will need to reclaim DSP when they return to Australia, or they can claim from overseas if they are in an agreement country that covers DSP. If the customer is in one of these countries, go to Step 9. If the customer is not in an agreement country and they are still overseas, tell them their payment cannot be restored and/or they cannot apply for payment until they return to Australia. Procedure ends here. If the customer has returned to Australia and their payment is suspended, see Returning To Australia and Continuation of payment on their return to Australia to determine if their payment can be restored. Restore payment if applicable. Tell the customer they are not eligible for indefinite portability for the departure, and they need to contact before their next departure in order to be assessed for indefinite portability. Procedure ends here.
8	**Check if the customer has left Australia** + Read more ... Generally, a customer must be in Australia to apply for indefinite portability under NWC provisions (and undergo a portability assessment). A customer who is overseas must return to Australia to apply. A customer who leaves Australia after completing the medical assessment and interview may contact about the assessment outcome, check 47E(d) to provide the customer with the status/outcome. If the customer is in or travelling to an agreement country that covers DSP, they may be able to have a severely disabled assessment depending on sufficient medical evidence being available. **Note:** if the customer has not undergone a medical assessment in the past 2 years, issue an AUS109 form. Complete the following checks:

	• 47E(d) screen if departed from Australia • 47E(d) for severely disabled/NWC documents Is the customer in Australia? • **Yes**, go to Step 10 • **No**, go to Step 9
9	**Check if the customer is in an agreement country that covers DSP** + Read more ... If the customer has departed and travelled to an agreement country that covers DSP, a severely disabled assessment may take place under agreement provisions. Contact the customer **before** the severely disabled assessment and referral for a JCA (medical review of entitlement) file assessment. Run the 47E(d) and to the question 'Would you like us to carry out a new assessment of your medical condition?', select 47E(d) International Disability Officer (IDO) Admin specialist officer? • **Yes**, Disability Support Pension (DSP) severely disabled assessments for International Agreements. • **No**, an 47E(d) will generate and allocate to IDO Admin skilled staff. Procedure ends here.
10	**Confirm customer wants to proceed with NWC assessment** + Read more ... Ask the customer the following question: • 'By agreeing to do this review, you are agreeing to a reassessment of your DSP under the current impairment tables. There is a possibility that your payment may be cancelled as a result of this reassessment of DSP. Do you still wish to proceed with the reassessment?' Tell the customer: • if they do not return the forms, the assessment cannot proceed • they must have the JCA before they leave Australia If customer confirms they want to proceed with NWC assessment: • run the 47E(d) • to the question, 'Would you like us to carry out a new assessment of your medical condition?', select 47E(d) IDO Admin specialist officer? • **Yes**, see Table 2 • **No**, an 47E(d) will generate and allocate to IDO Admin skilled staff. Procedure ends here

Issue forms for NWC assessment

Table 2: For International Disability Officers (IDO) Admin specialist staff only.

Step	Action
1	**Issue NWC forms and letter** + Read more ... Create a Q999 letter and use the relevant text. Include AUS142 and AUS222 forms and 2 reply paid envelopes. **Note:** bilingual forms are available for AUS142 and AUS222. Add customer information to forms and send with the Q999 letter.

	Complete any open work items relating to NWC. Go to Step 2.

2	**Requesting**47E(d) + Read more ...
	
	If the customer was granted DSP before June 2010, 47E(d) must be requested and scanned to the customer's record. This is needed for a Job Capacity Assessment (JCA) to be completed.
	
	Check 47E(d) to see if medical information is already scanned.
	
	Is the medical information scanned to the customer's record?
	
	• **Yes**, go to Step 3
	• **No**:
	  ◦ 47E(d) – use the webform 47E(d)
	  ◦ 47E(d)
	  ◦ once actioned, you will get a link to 47E(d). Use 47E(d) in Customer First to attach documents to customer's file
	  ◦ go to Step 3

3	**Document the NWC progress in Customer Record** + Read more ... In Customer Record, run the 47E(d) and answer all relevant information > 47E(d) Annotate **DOC** with the 47E(d) and complete any open work items relating to NWC. No more action required until forms are returned.

Returned forms for NWC assessment

Table 3: For IDO Admin specialist staff only.

Step	Action

1	**IDO Admin staff presented with** 47E(d) + Read more ...
	
	If the Work Item is:
	
	• the **return of NWC forms**, go to Step 2
	• a **NWC** 47E(d) **DOC that has come due**, check 47E(d). If there is:
	  ◦ a scanned JCA report, see Table 4
	  ◦ **no** JCA report, go to Step 7

2	**NWC forms have been returned** + Read more ... Check AUS142 and AUS222 for completeness. **Note**: for AUS222, Section B Q14 must include the professional qualifications (which may be stamped) and be signed and dated by a treating medical professional. Make sure all medical and other relevant information has been scanned and added to the 47E(d). To view 47E(d) information, select 47E(d) icon. If documents are scanned incorrectly and need to be separated or reclassified, complete the following in Customer First: • in 47E(d), select 47E(d) • see Step 7 in Table 1 of Scanning Centrelink medical/sensitive documents using an MFD to scan documents correctly The NWC assessment cannot continue until a completed AUS222 is received. Although an AUS142 is preferable, it is not essential for the assessment. Are both forms fully complete?

	• **Yes**, go to Step 3
	• **No**, and the customer has returned:
	  ◦ **only the AUS142**, record the details on a **DOC**. Complete all **open** work items within skill set. Procedure ends here until AUS222 is received
	  ◦ **only the AUS222**, if both Sections A and B are complete, the assessment can proceed. Go to Step 3
	  ◦ **an incomplete AUS222**, call the customer and tell them which missing sections of the form they need to complete. If they do not have a copy of the form, or they cannot be contacted by phone, highlight the missing sections, and return the incomplete AUS222 to the customer. Include a Q999 letter advising them these need to be completed and returned for the assessment to proceed. Record details on a **DOC** using 47E(d) selecting the applicable option. Procedure ends here until AUS222 is received

3	**Check for manifest eligibility** + Read more ... Check the AUS222 form > Section B > Questions 2 to 4 about the customer's current medical conditions. Do the forms indicate the customer is manifestly medically eligible? • **Yes**, go to Step 4 • **No**, go to Step 5
4	**Forms indicate customer is manifestly medically eligible** + Read more ... If the scanned forms have 47E(d) classification, change to AUS222 or 47E(d) . In 47E(d) , the 47E(d) check box **must** be ticked for Job Capacity Assessors to see the scan. See 'Update' option of the scan. In Customer Record, rerun the 47E(d) **DOC** and select the option that customer has a manifest condition. Annotate the NWC 47E(d) **DOC** to state: • forms have been returned • forms have been checked for completeness, and • 47E(d) has been checked and scans show correct classification Leave the NWC 47E(d) **DOC** open. Delete keyword 47E(d) and add keyword 47E(d) Complete all other open work items within skill set and close all scanned images that relate to the NWC assessment. The NWC 47E(d) **DOC** will allocate to the IDOs for manifest assessment. Procedure ends here.

5	**Forms indicate customer is not manifestly medically eligible** + Read more ...
	
	Check recent travel on the 47E(d) screen and refresh the 47E(d) on the 47E(d) screen if required.
	
	Is the customer in Australia?
	
	• **Yes**:
	  ◦ in Customer Record, rerun the 47E(d)
	  ◦ select the forms that have been returned. Make sure the forms do not indicate that medical conditions are manifest > 47E(d)
	  ◦ at the end of the script, when prompted to refer the customer for a JCA, select **'Yes'**
	  ◦ place the open NWC 47E(d) **DOC** on hold 47E(d)
	  ◦ complete all **open** work items within skill set and close all scanned images that relate to the NWC assessment
	  ◦ go to Step 6
	• **No**:
	  ◦ the customer cannot be referred for a JCA and cannot continue the NWC assessment at this time
	  ◦ create a Q999 letter and use the relevant text
	  ◦ annotate the NWC 47E(d) **DOC** stating the customer is not in Australia and that JCA appointment will not be booked until the customer returns to Australia **and** contacts to advise they would like to

	continue with the NWC assessment. Close the current NWC 47E(d) **DOC**. A new NWC 47E(d) **DOC** will be run if the customer returns to Australia and requests to undergo the NWC assessment process ○ complete all **open** work items within skill set and close all scanned images that relate to the NWC assessment ○ procedure ends here
6	**Job Capacity Assessment (JCA) referral is required** + Read more ... Requests for a JCA must be made using the 47E(d) in Customer Record. In the following fields: • 47E(d) key 47E(d) • 47E(d) , select 47E(d) • 47E(d) key 47E(d) • select the relevant priority number: ○ **Priority 1**, **urgent** 47E(d) ○ **Priority 3** for all other non-urgent cases • Reason for Referral: ○ 47E(d) for DSP granted after 1 July 2006 ○ 47E(d) for DSP granted prior to 1 July 2006 • check the tick box 47E(d) • for the question 'Has the customer resided in Australia for 10 years or do they have a Qualifying Residence Exemption (QRE)?', select 47E(d) • in the 47E(d) 47E(d) field: ○ copy and paste the following text: Please advise where the inability to work occurred as this may affect rate of pension. For portability purposes, face to face/telephone interview is usually required (a file assessment can occur where a DSP New Claim JCA and DMA was completed within the last 6 months, which meets 20pts on one table and recommends 0-7 hours work capacity with intervention). Medical code: Physical or Non–Physical Interpreter required for this interview [Yes/No] [If yes, specify language] • include any other information that will assist Assessment Services to book the appointment (such as access issues or anything else that would affect the customer's ability to attend) • finalise script. This must be an open work item for allocation purposes • remove keyword 47E(d) and add 47E(d) • assign a priority code of 47E(d) to assist Assessment Services with streaming referrals • procedure ends here A **DOC** will be created requesting Assessment Services arrange a JCA. Assessment Services are also responsible for rescheduling all JCA appointments. **Note**: if the customer has left Australia after the referral was made, Assessment Services Triage will advise CIS by 47E(d) that no JCA appointment will be made. Create a Q999 letter and use the relevant text. Annotate the NWC 47E(d) stating that the customer is not in Australia and that JCA appointment will not be booked until customer returns to Australia **and** contacts to advise they would like to continue with the NWC assessment. Close the current NWC 47E(d) . A new NWC 47E(d) will be run if the customer returns to Australia and requests to undergo the NWC assessment process. When the JCA report is returned it will be referred to the IDOs for actioning. Procedure ends here.
7	**JCA report not returned after 6 weeks** + Read more ... The NWC 47E(d) **DOC** has come due because the JCA report has not been returned after 6 weeks. Follow up the progress of the JCA report:

	• send an email to Assessment Services requesting progress of the JCA report • annotate the NWC 47E(d) **DOC** stating a follow up email has been sent to Assessment Services and we are waiting for their response • place the **DOC** on hold 47E(d) When a response is received from Assessment Services: • annotate the NWC 47E(d) **DOC** with the reason advised for the delay and the expected completion date • place the **DOC** on hold 47E(d) If Assessment Services advise the reason is anything other than a delay in the completion of the report (for example, the JCA referral was missing information), email the CIS Helpdesk who will refer to the IDOs for help.

Check report and finalise portability decision

Table 4: For IDO Admin specialist staff and IDOs only.

Step	Action

1	**View the JCA report** + Read more ...
	
	When a report is received via Workload Manager, select the relevant ESAt/JCA report.
	
	Alternatively, in Customer First on the customer's home page:
	
	• select 47E(d) menu > 47E(d) to access the JCA report
	• select 47E(d) to view and enable 47E(d) or 47E(d) options
	
	Print the JCA report before accepting.
	
	The 47E(d) screen can also be accessed by selecting the started 47E(d) activity on the 47E(d) screen.
	
	Note: do **not** select and complete the activity via the 47E(d) screen to accept or return the report. If this is done, the report cannot be accepted or returned on the 47E(d) screen. This will leave the report with a submitted status preventing any new ESAt/JCA referrals from being recorded.
	
	If customer does not attend the JCA appointment:
	
	• the assessor will finalise as 47E(d)
	• no further action will be taken until the customer contacts and requests a new appointment
	• CIS IDO Admin staff will:
	  ◦ annotate the NWC 47E(d) **DOC** as 47E(d) In Customer First, notes from the Job Capacity Assessor in the 47E(d) will explain why the report could not be completed. Add these notes to the annotation
	  ◦ close the NWC 47E(d) **DOC**
	  ◦ select report on 47E(d) screen, go to 47E(d) to close the referral system
	  ◦ procedure ends here
	
	CIS IDOs can only accept JCA reports for referral reasons 47E(d) and 47E(d)

2	**Check that the report is complete and consistent** + Read more ... Check the report to make sure it has been completed with sufficient information to determine income support eligibility and/or portability specific criteria have been assessed correctly. Action the JCA report appropriately. **Note**: the Continuing Inability To Work (CITW)/Blind residence information is included in the JCA report but is 47E(d) . When a report is accepted, it will automatically populate the 47E(d) screen.
3	**CIS IDO to action the JCA report** + Read more ... Check the JCA report and determine whether to: • accept, or • return (reject)

	Is the report being returned? • **Yes**, see Step 4 in Inconsistencies in a Job Capacity Assessment (JCA) report • **No**, go to Step 4
4	**CIS IDO accepts JCA report** + Read more ... The IDO will phone the customer with the outcome of the NWC assessment. If the customer has a departure date, the IDO will run the 47E(d) to issue an XOB101 letter. Check the following screens: • 47E(d) screen. Make sure the date in the 47E(d) field matches the date of assessment for the JCA report • 47E(d) screen. Make sure the date in both the 47E(d) fields for the 47E(d) and 47E(d) fields, match the date of assessment for the JCA report If the customer is assessed as meeting NWC criteria and has left Australia after the JCA assessment and before the acceptance of the report, correct the dates on 47E(d) and 47E(d) screens to the date immediately before the departure. Otherwise, the NWC assessment will not take effect.
5	**No Future Work Capacity** + Read more ... The **DSP Portability** section of the JCA report is only created when: • the customer is assessed as having a 'severe impairment', and • FDTS work capacity is in the 0-7 hours per week bandwidth Is the customer assessed as meeting the eligibility criteria for **indefinite portability** (a severe impairment and nil work capacity)? • **Yes**, go to Step 8 • **No**, go to Step 6
6	**DSP qualification criteria** + Read more ... Does the customer meet the qualification criteria for DSP after assessment? • **Yes**, go to Step 7 • **No**, see Cancellation of Disability Support Pension (DSP). Procedure ends here
7	**Ineligible for indefinite portability** + Read more ... Customer is not eligible for indefinite portability under the 'No future work capacity' portability provisions. However, if they are going to an Agreement country that covers DSP and are assessed as severely disabled, they may be eligible for long term payment. Is the customer travelling to an agreement country that covers DSP? • **Yes**, see Disability Support Pension (DSP) severely disabled assessments for International Agreements. Procedure ends here • **No**, go to Step 9
8	**Eligible for indefinite portability** + Read more ... The customer is assessed as eligible for indefinite portability under the 'No future work capacity' portability provisions. On the 47E(d) screen, or if the customer has already departed Australia, the 47E(d) screen: • record the date of assessment in the 47E(d) field

	• record '47E(d) in the 47E(d) field
	• go to the 47E(d) screen
	
	If the Continuing Inability to Work (**CITW**) or permanent blindness occurred while the customer:
	
	• was an Australian resident:
	  ◦ in the 47E(d) field, key the date of assessment from the JCA report in the top block, and
	  ◦ in the 47E(d) field, key '47E(
	• was **not** an Australian resident:
	  ◦ in the 47E(d) field, key the date of assessment from the JCA report, and
	  ◦ in the 47E(d) field, key '47E(d
	
	If the customer is assessed as meeting NWC criteria and has left Australia after the JCA assessment and before the acceptance of the report, correct the dates on the 47E(d) and 47E(d) screens to a date immediately before the departure. Otherwise, the NWC assessment will not take effect.
	
	Go to Step 9.

9	**Finalise decision** + Read more ...
	
	When the NWC assessment has been completed, the IDO will:
	
	• phone the customer with the outcome of the NWC assessment. If unable to speak to the customer, create a Q999 letter and use the relevant text
	• if the customer has a date of departure, the IDO will run the 47E(d) to issue a XOB101 letter. If the customer does not have a date of departure, a letter will not be issued until the customer advises of a departure date
	• run the NWC 47E(d) **DOC** in the 47E(d) and record the details of the decision, including:
	  ◦ the assessment outcome in relation to the portability specific medical criteria
	  ◦ if the customer is considered to be manifestly eligible for DSP
	  ◦ if the customer's condition occurred while a resident of Australia or not, and
	  ◦ how this decision was made
	  ◦ refer back to CIS if portability follow up action is required, using 47E(d) - select 47E(d) use 47E(d)
	
	If the script is not available, see DSP customer going overseas.

References

Policy

Social Security Guide, 7.1.1, Portability legislation

Social Security Guide, 7.1.2.20, Application of portability rules (portability table)

Social Security Guide, 7.1.2.10, General rules of portability

Legislation

Links to the Federal Register of Legislation site go to a 'Series' page. Select the 'Latest' version.

Social Security Act 1991

- Part 4.2, Division 1, Preliminary
- section 1218AAA, Unlimited portability period for disability support pension - severely impaired disability support pensioner

Resources

Q999 letters for 'No further work capacity' (NWC)

NWC departed

NWC pre-departure

Agreement forms issued

NWC approved - please phone

Forms

Treating Doctor's Report - outside Australia (AUS109)

Work Capacity - Customer Information (AUS142)

Certification of Location in a country with which Australia has a Social Security Agreement (AUS172)

Medical Report Disability Support Pension Review for portability (AUS222)

Request for Ophthalmologist/Optometrist Report (SA013)

Services Australia website

Travelling overseas with PBS medicine

Intranet links

Assessment Services

mySupport 47E(d)

GUIDE TO JCA and ESAt REPORT WRITING

Release Date: Jan 2024
Version: 2.7

1. Executive Summary

JCA Assessment	s22 - out of scope

A JCA assesses a customer's medical conditions and the Diagnosed, Reasonably Treated, and Stabilised (DTS) status, impairment/s (if applicable), work capacity, and the correct employment service provider referral (where appropriate).

1.1 The purpose of this guide is to assist Assessors identify the key elements required for a Disability Support Pension (DSP) JCA to be completed in line with the Social Security Guide and the Assessment Services Quality Framework, focusing on:

a) The right referral and assessment type
b) The right assessment mode
c) The right outcome for income support
d) The right work capacity for participation, and
e) The right onward referral for programme support.

1.2 Key points for assessor's guidance:

a. Focus is on correct customer outcomes first time, which may include THP contact, changes to referred mode for contact with the customer and/or stakeholder engagement.
b. Decision-making is justified with medical evidence and aligns with legislative requirements.
c. Information from medical evidence and consultation with the THPs/HPAU/SARG and or CA is utilised for decision - making and supported with customer report and assessor observation.
d. A succinct, easy to read report that provides a clear picture of the customer's current circumstances is best.
e. Use plain English language without acronyms (or provide full name against acronym used in first instance), keeping in mind that the audience includes Service Officers discussing outcomes with customers as well as the customer.
f. The report is consistent across all sections.
g. Each report will be tailored to each customer's unique and current circumstances.

1.3 Assessors must ensure that medical eligibility recommendations cover period of date of claim +13 weeks, are evidence based, consistent with professional best practice, and appropriately justified. Assessors will include all necessary

information, and will clarify with THPs where appropriate. Information required will vary dependent on individual customer circumstances. The following pages will assist assessors in ensuring reports are consistent with report writing standards. Links to relevant guidance (Social Security Guide, Operational Blueprint, and Process Guide) are also included. **Assessor's need to be aware of the different requirements for the various JCA assessments.**	s22 - out of scope

2. Assessment – applicable for JCA and ESAt

2.1 Assessment location: the location/site that the assessment has been booked, not the site where the Assessor is located. It can also be generic. Appropriate text to enter includes "Assessment Services – Cabramatta Office" or "Services Australia".

a) Alternatively, on attendance of an appointment in 47E(d) the details will populate this field with "Centrelink – Cabramatta". Either notation is acceptable.

2.2 Mode of Assessment: Ensure t hat this response correctly reflects how the interview/assessment was undertaken with the customer/nominee.

2.3 Date: The date of the report should reflect the date the customer was interviewed. This should prepopulate; however, Assessors should double check it is correct.

2.4 Customer Information Sharing Statement (CISS): Ensure that the CISS response is correct.

a) For all assessments where the customer has been contacted (Face-to-face, Phone Assessments, Video Conference), 47E(d) must be selected.

b) For assessments where contact has not been made (File Assessments), the CISS must be 47E(d)

47E(d)

2.5 Interpreter:

a) if an Interpreter was used, the Assessor should select 47E(d) and annotate the 47E(d) section with:

i. Vendor number only (Assessor is expected to confirm the Interpreter's identification; the Vendor Number is located on their ID tag or should be obtained verbally for phone assessments); or

b) If an interpreter is indicated as required but the customer declines an interpreter or the interpreter is unavailable and the assessment proceeds, the Assessor should select 47E(d) and annotate this in the 47E(d) section.

c) Indigenous Interpreters booked through Aboriginal Interpreting Services (AIS) or Language Services are trained interpreters but may not be accredited. If they are not accredited, instead record their Full Name and the organisation they work for.

2.6 Contributing Assessors (CA):

CAs must be used where the Primary Assessor's qualification does not align with the Impairment Table/s which would be used to rate the primary medical condition, regardless of whether the condition is assessed as DTS, this includes ESAt upgrades (Job Capacity Assessor – Social Security Guide).

a) CA Matrix notes the CA requirements for each Table - Impairment Tables CA Matrix

b) A CA can be accessed via th 47E(d)

s22 - out of scope

There is no need to include a Contributing Assessor statement in the report.

2.7 Assessor credentials: Assessors are to ensure their credentials in 47E(d) are up to date. 47E(d) . Credentials can be updated via 47E(d) once professional registration has been sighted by the line manager.

2.8 Links: a) Process Guide - 47E(d)

3. Reference Tab

JCA Assessment	s22 - out of scope
3.1 At least <u>one</u> medical reference (relevant for the condition/Impairment Table requirements) needs to be created and linked for <u>each</u> verified medical condition. For streamlining purposes, no more than one is required.	s22 - out of scope
3.2 For every conversation with a THP the outcome of the discussion must be fully captured either in an SA463 or in the JCA report which includes the THP name, discipline and date contacted. 47E(d) a) If using a SA463: i. this must be scanned/uploaded to Customer First/Process Direct 47E(d) prior to JCA submission. ii. ensure you select the Print button embedded in the form to save is as a PDF before uploading to the customer's record. iii. Ensure a separate SA463 is completed for each contact made with a THP. *verbal consent to contact THP must be obtained during the assessment and recorded in the report.	s22 - out of scope
3.3 Each THP contact should have a reference created as 'Discussion'. a) Unsuccessful THP contacts to be documented in the Assessment Summary, including date/time	
3.4 All references created should be relevant to the current assessment. Please be mindful of this when copying previous assessments.	
s22 - out of scope	
3.6 When referencing reports from Services Australia staff (including previous JCAs/ESATs, MATs, SA463s, or In-House specialist assessments), surnames must not be identified within the JCA report. 47E(d)	
3.7 Links: a) SA463 - Additional Medical Evidence for DSP b) Process Guide - Treating Health Professional (THP) Contact c) Process Guide - References	

4. Medical Conditions

JCA Assessment	s22 - out of scope
4.1 All medical conditions need to be acknowledged in the JCA report, whether in the Medical Conditions or Assessment Summary sections. a) Conditions confirmed by the customer as having NO IMPACT can be included in the Assessment Summary. However, it should be clear there is no functional impact i.e a zero rating would be assigned. b) Customer reported conditions with functional impacts are listed as 'Other' in the Medical Conditions section. s22 - out of scope s22 - out of scope	s22 - out of scope
4.2 Include the most relevant information for each: Diagnosis, Onset, Treatment, customer self-reported information (if known from interview), and justification of the expectation it will persist for MORE than 2 years OR expectation it will persist for LESS than 2 years status of a medical condition. a) Assessors can now analyse and make assessments based on the evidence, and then provide a succinct rationale that refers the reader to the evidence b) An impairment that results from a specific condition can only be assigned an impairment rating if it is more likely than not, in light of the available evidence, to persist for more than 2 years. c) Optional for symptoms to be noted here, in s47E(d) tab, or work capacity pending writing style and referral outcome etc (they do not need to be replicated in more than one place) s22 - out of scope	s22 - out of scope

s22 - out of scope	
4.3 For conditions expected to persist for MORE than 2 years, include a clear and concise justification as to whether the condition is: a) diagnosed, b) reasonably treated, and c) stabilised (DTS).	s22 - out of scope
4.4 Diagnosed: A succinctly justified and clear outline of the diagnosis, referencing the evidence used, and whether the condition meets the requirements outlined in the Impairment Tables. a) To be valid for DSP purposes diagnosis of a medical condition must be made by an appropriately qualified medical practitioner (includes a psychiatrist for Table 5), or appropriately qualified psychologist for Table 9 – Intellectual Function. b) The following Tables specifically require information from a qualified medical practitioner with support from: i. Table 5 – registered psychologist ii. Table 11 – audiologist or ENT specialist iii. Table 12 – ophthalmologist, optometrist, neurologist or neurosurgeon	s22 - out of scope
4.5 Reasonably Treated: A justified and succinct statement referring to treatment provided according to the medical evidence, focusing on whether the treatment outlined in the evidence is considered reasonable. a) "Reasonable" = treatments that are evidence-based with scientific, peer-reviewed research findings (i.e. alternative or complementary medicine or treatments without such research evidence are not considered to be reasonable treatment for DSP purposes) 47E(d) A condition may be considered as reasonably treated even if treatment is continuing or is planned, where it is clear that the customer's functional capacity will not improve within the next 2 years.	s22 - out of scope

4.6 Stabilised: A succinctly justified and clear outline of the prognosis, based on the medical evidence, paying particular attention to whether the condition is likely to significantly improve within two years. a) To be considered stabilised, it must be established that the customer has undertaken reasonable treatment and what the prospects are for any significant functional improvement to occur in the next 2 years (i.e. prognosis). 47E(d)	s22 - out of scope
4.7 Ensure 'Verified', 'Diagnosed', 'Reasonably Treated' and 'Stabilised' boxes are consistent with the assessment of the condition. a) All conditions assessed as expected to persist for MORE than or LESS than 2 years need to be verified and linked to valid evidence. s22 - out of scope	s22 - out of scope
4.8 It should be clear to the end reader where all information has been obtained through adequate referencing, including THP name and date of evidence, as well as customer report and Assessor observation. 47E(d) s22 - out of scope	s22 - out of scope
4.9 Links: a) Process Guide - Medical Conditions b) s22 - out of scope c) Social Security Guide - Guidelines to the Rules for Applying the Impairment Tables d) Social Security Guide - Medical evidence (DSP, JSP, partial capacity to work) e) Operational Blueprint - What is medical evidence for DSP? f) s22 - out of scope	s22 - out of scope

5. Impairment Tab	
JCA Assessment	s22 - out of scope
5.1 Each individual Impairment Table contains a set of instructions that are to be followed when applying a rating. Typically, these: a. specify body functions to which that Table should be applied, b. specify which practitioner can diagnose, c. instruct that self-reported symptoms must be supported by corroborating evidence, d. provide examples of corroborating evidence that can be taken into account when applying that Table, and e. indicate conditions commonly associated with that Table. s22 - out of scope	s22 - out of scope
5.2 The Tables are function-based rather than diagnosis-based - they focus on assessing the impact of impairment on normal functions as they relate to work performance, and then assigning a rating consistent with the identified severity level. Where Table/s used would not normally be used for the condition, a rationale must be included to provide insight to the end reader.	
5.3 The number of conditions does not always correspond to the number of impairments. a) A single condition may result in multiple functional impairments, and these should be assessed on all relevant Tables. b) Alternatively, two or more conditions may result in a common impairment, in which case, only one relevant Table should be applied with a combined rating. c) Care must be taken to ensure that different Tables are being used to assess separate functional impacts – if the same impairment is assessed more than once, this is classified as "double-counting" and is not allowed. Where the impact of a condition has already been accounted for under another Table or condition then a 0 Impairment Rating can be applied for the 'second' condition with comment that the impact is already accounted for under 'Table/Condition…..'	

5.4 'Functional Impact' section - include the relevant severity-related comment from the Impairment Table and only include the descriptors that are required to justify the impairment rating specific to the customer (delete those that do not apply and check the opening statement reads well). a) Use 47E(d) to save you time but ensure you review and delete those not applicable. The examples provided in the Tables are a guide for Assessors when selecting the appropriate rating - these should be removed to avoid reader confusion.	
47E(d)	
5.6 If an impairment is considered as falling between two ratings, the lower rating is to be assigned and the higher rating must not be assigned unless ALL the required descriptors are fully met. In these cases, details should be provided as to why the customer does not meet the higher rating by identifying the specific descriptors that are not met. This ensures a thorough understanding of decision-making by all potential end readers.	
5.7 Current medical evidence (less than 2 years old) must be used to describe the customer's functional abilities. 47E(d) a) Selection of one type of evidence over another should be justified with any discrepancies in evidence clarified with the current THP. b) Evidence should be considered as a whole and inconsistent evidence clarified prior to making an impairment rating. Exceptions to this rule are where the condition is stable and impact on function would not be anticipated to have fluctuated over time i.e amputation	
5.8 Indicate source of evidence (i.e. medical evidence/customer report/assessor observation).	
5.9 Assessor observations: - Assessors should note any observations of the customer that are relevant to the report. These observations are "point in time" and should not solely be relied upon for the assessment of an impairment. Where Assessor observation is included, must provide details that justify the accuracy of their observations. If the observation of the customer's function falls outside of the Assessor's professional discipline, consultation with a CA must be undertaken.	

5.10 Supporting Reason box must be completed for all reports – s22 - out of scope s22 - out of scope	
5.11 Where a Full Scale Intelligence Quotient (FSIQ) is available, only the IQ Range is to be written in the report, NOT the FSIQ.	
5.12 Links: a) Process Guide -Impairment Rating b) Process Guide - Impairment Summary c) Social Security Guide - 3.6.3.05 Guidelines to the Rules for Applying the Impairment Tables Social Security Guide - 3.6.3 Guidelines to the Tables for the Assessment of Work-related Impairment for DSP	

6. Medical Other *only required for JCA

6.1 Public Transport: - 47E(d)

s22 - out of scope

s22 - out of scope

s22 - out of scope

6.5 Links:

s22 - out of scope

d) Operational Blueprint - Assessing Continuing Inability to Work (CITW)

s22 - out of scope

g) Process Guide - Medical Other

h) Assessment Recordings - CITW and Where It Arose

i) s22 - out of scope

7. Barriers, Interventions, Support Requirements

JCA Assessment	s22 - out of scope
7.1 Barriers and Interventions: - should reflect the customer's specific needs and limitations adequately, to support them in their intended referral choice. a) ensure they are consistent with possible service streaming and eligibility (i.e. Assessors need to ensure accuracy and internal consistency.) b) it is reasonable to expect that all customers referred for an assessment will have at least one barrier to employment. c) The 47E(d) field is optional unless the Assessor has selected a barrier or intervention with the code 47E(d) or 47E(d) then further justification is required. d) Are not required where the JCA or upgraded ESAt outcome is: o Medically eligible; and o With intervention work capacity 0-7; and Unable to Benefit (no Employment Services Referral recommended)	s22 - out of scope
7.2 47E(d) is optional to complete and can be left blank. The only instance when this is not optional is when a barrier or intervention with an 47E(d) or 47E(d) indicator is selected, in these cases, it is mandatory to specify those details in the 47E(d) .	s22 - out of scope
7.3 Support Requirements: - those selected must relate to the functional impacts associated with the customer's condition/s, and need to be consistent with the customer's need for support to find and maintain employment due to their impairment. a) Assessors should ensure consistency between support requirements and other aspects of the report. For example, selecting 'Build Work Capacity' would be inappropriate when there is no increase between Baseline and With Intervention capacities. b) The duration should reflect the expected duration of the condition/s functional impacts. c) Are not required where the JCA or upgraded ESAt outcome is: o Medically eligible;	s22 - out of scope

○ With intervention work capacity 0-7; and Unable to Benefit (no Employment Services Referral recommended)	s22 - out of scope
s22 - out of scope	s22 - out of scope

8. Work Capacity Tab

JCA Assessment	s22 - out of scope
8.1 Continuing inability to work (CITW) is used to assess DSP eligibility – a customer has a CITW if their impairment alone prevents them from undertaking both of the following: - a) Work for 15 or more hours per week (where wages are at or above the relevant minimum wage) for at least 2 years, AND b) Educational, pre-vocational, vocational, or work-related training (including on-the-job training) is unlikely (because of their impairment) to enable the customer to do any work 15 or more hours per week (where wages at or above relevant minimum wage) within two years independently of a program of support.	s22 - out of scope
8.2 Work Capacities can only be reduced for verified medical conditions with current functional impact evidence (less than 2 years old).	s22 - out of scope
8.3 Baseline and With Intervention work capacities can only be reduced for verified medical conditions that are expected to persist for MORE than 2 years. a) Assessment of these capacities needs to take into account the impacts of *all* conditions expected to persist for MORE than 2 years. b) s22 - out of scope c) If there are no conditions expected to persist for MORE than 2 years or no functional impact, then work capacities will be 30+ hours per week.	s22 - out of scope

8.4 Ensure decision-making is clear and succinct in assigning the recommended bandwidth(s) in accordance with medical evidence, functional impacts, and work history.	s22 - out of scope
8.5 If an Assessor determines a customer has a 'severe impairment' (i.e. 20 points on one Table) but indicates an increase in capacity With Intervention of 15+ hours per week, clear, justified rationale is required to explain how impairments will be overcome and/or how interventions will result in an increased capacity to work.	s22 - out of scope
8.6 Where impacts and symptoms of medical conditions are documented elsewhere in the JCA report, a streamlined work capacity rationale is sufficient. a) NOTE: If the recommendation is for DSP non-eligibility and the impacts/symptoms are only documented in the Impairment section, a more detailed Work Capacity section may be required 47E(d) b) Additionally, more detailed justification may be required when a total of 20 or more points have been assigned but a CITW is not present or s22 - out of scope s22 - out of scope	s22 - out of scope
8.7 If a temporary reduced work capacity (TRWC) of 0-7 hours per week has been indicated in the medical evidence and the Assessor does not agree with this, justification should be recorded in the rationale. a) Justification is also required if a 0-7 TRWC indicated in the medical evidence is being extended.	s22 - out of scope
8.8 Please ensure correct work capacity bandwidths are selected from the dropdown menus. a) Ensure the justification is consistent with the bandwidths selected, referral outcome and medical evidence. 47E(d)	s22 - out of scope

8.9 8+ with DES Ongoing Support: - this option is for those customers who have *no* capacity for work in the open labour market and will *only* be able to reach 8 or more hours a week with DES intervention AND this will take *longer* than 2 years. a) Include suitable justification and add appropriate Referral Recommendation (i.e. ESS), Support Requirements ('Longer than 24 months'), and work examples.	
s22 - out of scope	
8.11 Actual work examples must be included in the 47E(d) field. Please do not add 'to be determined'.	
8.12 Links: a) Process Guide - Work Capacity b) Process Guide - Work Capacity Definitions c) Process Guide - Assessing the customer's ability to perform work d) Social Security Guide - DSP assessment of CITW - 15 hour rule e) Social Security Guide - Medical evidence (DSP, JSP, partial capacity to work) f) Social Security Guide - Partial capacity to work g) s22 - out of scope h) Social Security Guide - Mutual obligation requirements for people with a partial capacity to work i) Social Security Guide - Participation requirements for DSP recipients j) Operational Blueprint - Assessing CITW	

9. Recommendations and Summary Tab	
JCA Assessment	s22 - out of scope
9.1 The report must provide an appropriate referral recommendation to an Employment Service Provider (ESP) who is able to provide the most appropriate level of assistance. An appropriate referral will be justified based on current customer circumstances and evidence available to the Assessor.	s22 - out of scope
9.2 A referral recommendation must always be recorded if the customer has the capacity to work 8 or more hours in open employment, regardless of any other current circumstances. a) For voluntary customers, the referral should not be actioned. For those who appear to be working/studying/volunteering/caring at their assessed capacity, a referral recommendation still needs to be recommended and actioned.	s22 - out of scope
9.3 'Unable to benefit' should only be recorded when: - a) The customer has a With Intervention work capacity of 0-7 hours per week (i.e. cannot achieve a work capacity in open employment of 8+ hours per week within 2 years with intervention), and Are not suitable for referral to DES with Ongoing Support.	s22 - out of scope
9.4 The Summary must include notation as to whether the referral was discussed with the customer, whether the customer requested referral to a particular ESP, and/or any deferred referrals. a) There should be no surprises to the customer. If a referral is recommended to a Provider that the customer is not currently engaged with then a discussion needs to be held with the customer – including calling the customer if the report was completed as a file.	s22 - out of scope
9.5 Any information relevant and not recorded elsewhere is to be reported in the Summary, including: a) no impact medical conditions,	s22 - out of scope

b) unsuccessful THP contact attempts (can be included here OR in the medical conditions section), c) Risk Assessment statement (may be for suicidal ideation or disclosure of Family and Domestic Violence FDV) d) verbal consent to obtain medical evidence, d) details of person/s who have assisted in interview process, e) mode of assessment where this has changed from the original booking f2f or phone to file. s22 - out of scope	
9.6 Assessor additional accreditation – Assessors who hold mental health accreditation (non-psychologist) and can rate on Table 5, need to include a statement in the Summary, as this information is not included as part of the 47E(d) field on the s47E(d) tab.	s22 - out of scope
9.7 '**Will be prejudicial to health'**: - to be selected when details contained within the JCA report clearly indicates that direct release of the JCA to the customer would be prejudicial to their health.	s22 - out of scope
s22 - out of scope	s22 - out of scope
s22 - out of scope	s22 - out of scope
9.10 Links: a) Process Guide - Recommendations and Summary b) Process Guide - Customer assessed as 'unable to benefit' c) Process Guide - Employment Service Provider Eligibility and Referral Matrix d) Process Guide - Release of Assessment Information e) DES, NESM and Process Direct Updates f) Operational Blueprint - DES, NESM and Process Direct Updates	

10. Other Report Considerations

10.1 Copy function: - if used, proofread and make adjustments. Ensure all timeframes and information are updated to reflect the customer's current circumstances, check if barriers, interventions and support requirements are still relevant and check the author of the work.

10.2 Sensitive Information – when writing a JCA or ESAt report Assessor's must be mindful, particularly when using direct quotes from medical evidence, to ensure privacy of sensitive information is maintained. Assessors need to use their professional judgement to determine what level of detail is reasonably necessary to meet legislative requirements for medical eligibility or referral outcome requirements.

a) Assessors should be mindful of the broad range of potential end-readers, including the customer, service officers, ESPs, and legal practitioner, and as such, language and content should be considerate, respectful, and maintain the privacy of the customer and Assessor colleagues.

b) Where suicidal ideation or past suicide attempts are noted, a brief risk assessment with any action taken if risk is high should be included.

c) Information regarding the below dot points should NOT be included in the report:

i. Details concerning personal trauma/torture/specific paranoias or delusions which are not reasonable necessary
ii. Details concerning criminal convictions
iii. Specific details of past suicide attempts, suicidal ideation and/or self harm that are not reasonably necessary
iv. Identifying details of others whether they be alleged victims, witnesses, or perpetrators, where their identity could be ascertained (i.e. sibling, parent).
v. Disparaging comments about previous ESAt, JCA, MAT, AAT, and HPAU reports
vi. v.i Any Services Australia staff member surname (current or previous staff).
vii. vii. Naming of illicit substances
viii. FSIQ score (only range and confidence interval to be included)

10.3 Personal Factor Impact must be completed, however Rationale is optional and can be left blank. The impact of medical conditions must not be considered here. See 'Personal Factors' and 'Personal Factors Considerations' (Process Guide) for further guidance if required. Personal Factor Impact rating should reasonably reflect severity of the non-vocational barriers identified for the customer.

10.4 Employment History/Goals: - outlining a customer's employment history is important as this assists with assessment of work capacity. Consider including past employment, duration, when they last worked, number of hours, and reason for leaving.

a) Only needs to include detail that supports the JCA outcome when it is not included elsewhere in the report when the JCA or ESAt upgrade outcome is:

- Medically eligible; and
- With Intervention Work Capacity 0-7; and
- Unable to Benefit (no Employment Services Referral recommended) *(As per JCA Efficiencies Aug 23)*

47E(d)

Recording previous referrals to employment service providers is not required.

10.5 47E(d)
47E(d)

47E(d)

10.6 Ensure the correct process for vulnerable customer has occurred - Diagnosis of a medical condition provided by an Assessment Services Psychologist for Disability Support Pension (DSP)

47E(d)

s22 - out of scope

s22 - out of scope

10.10 Links:

Process Guide - Documenting Sensitive Information in JCAs or ESAts
Process Guide - Barriers and Interventions
Process Guide - Support Requirements
Legislation - Privacy Act 1988
Legislation - Social Security (Administration) Act 1999

s22 - out of scope

Social Security Guide - 3.11.5.10 Temporary Incapacity
Social Security Guide - 1.1.M.100 Medical evidence (DSP, JSP, partial capacity to work)
Assessment Services Process Guide

s22 - out of scope